

Revised December 1974

57260

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000788

PRODUCER OF WASTE (Must be filled by producer)

Name ALUMINUM CO OF AMERICA ☐ ☐ ☐

(PRINT OR TYPE)

Pick up Address: 5157 HILARIO VERNAL RD SE ☐ ☐ ☐ CODE NO.

(NUMBER) (STREET) (CITY)

Telephone Number: 513-586641 P.O. or Contract No.: _____

Order Placed By: J. HERON Date: 2-5-80

Type of Process which Produced Wastes: ALUMINUM FABRICATION ☐ ☐ ☐ CODE NO.

(Examples: metal plating, equipment cleaning, oil drilling – wastewater treatment, pickling bath, petroleum refining)

HAULER OF WASTE (Must be filled by hauler)

9990000788

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

Pick Up 2-23-80 Time: am pm
(DATE) 15

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: No. of Loads or Trips: Unit No. 10

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DESCRIPTION OF WASTE (Must be filled by producer)

Code No.

1

2

3

1. ☐ Acid solution

2. ☐ Alkaline solution

3. ☐ Pesticides

4. ☐ Paint sludge

5. ☐ Solvent

6. ☐ Tetraethyl lead sludge

7. ☐ Chemical toilet wastes

8. ☐ Tank bottom sediment

9. ☐ Oil

10. ☐ Drilling mud

11. ☐ Contaminated soil and sand

12. ☐ Cannery waste

13. ☐ Latex waste

14. ☐ Mud and water

15. ☐ Brine

☐ Other (Specify)

ALUMINUM OXIDES

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

Upper

Concentration: Lower %

ppm

1.

2.

3.

4.

5.

6.

DISPOSER OF WASTE (Must be filled by disposer)	
Name (print or type): _____	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
Site Address: _____	
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.	
Quantity measured at site (if applicable): _____ State fee (if any): _____	
Handling Method(s):	
<input type="checkbox"/> recovery	
<input type="checkbox"/> treatment (specify): _____	
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)	
<input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input type="checkbox"/> injection well	
<input type="checkbox"/> other (specify): _____	
If waste is held for disposal elsewhere specify final location: _____	
Disposal Date: _____	
I certify (or declare) under penalty of perjury that the foregoing is true and correct.	
_____ SIGNATURE OF AUTHORIZED AGENT AND TITLE	
The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.	

Hazardous Properties of Waste:

pH 1-9 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other _____ (SPECIFY)

Containers: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other THANK (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other _____ (SPECIFY)

Special Handling Instructions (if any): _____

NOVE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

N. F. Islahi
SIGNATURE OF AUTHORIZED AGENT AND TITLE

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name

BILLING COPY